CITY COUNCIL REPORT



Meeting Date:

January 14, 2014

General Plan Element:

Land Use

General Plan Goal:

Support a diversity of businesses.

ACTION

Acquisition of Control Change for Oregano's Pizza Bistro 112-LL-2013. To consider forwarding a recommendation of approval to the Arizona Department of Liquor Licenses and Control for an Acquisition of Control Change for an existing Series 12 (restaurant) liquor license.

OWNER	
Oregano's Restaurant's Inc.	,
APPLICANT CONTACT	
Mark Steven Russell	
LOCATION	
7215 E Shea Blvd.	
BACKGROUND	

APPLICANT'S PROPOSAL

Goal/Purpose of Request

The applicant is seeking a favorable recommendation on an Acquisition of Control Change for a Series 12 (restaurant) liquor license. Frank B. Sbordone will now be the Secretary and the Treasurer of the Corporation.

This request is for an Acquisition of Control Change of a Series 12 (restaurant) liquor license.

Oregano's has been operating at this location since 2003.

STATE GUIDELINES FOR CONSIDERING AN APPLICATION

A.R.S. Section 4-203 Granting an Acquisition of Control Change.

The new agent must submit an application to the Arizona Department of Liquor Licenses & Control, which is then forwarded to the local governing body. The local governing body of the city, town or county may protest the acquisition of control within sixty days based on the capability, reliability and qualification of the person acquiring control.

OTHER LICENSES & PERMITS

Financial Management

Revenue Collection has reported that the applicant has met City licensing requirements and all fees have been paid.

Spirituous Liquor Tax Permit # Pending.

Scottsdale Transaction Privilege Sales Tax License # Pending.

IMPACT ANALYSIS

Public Safety Division.

Police Department:

Major life safety issues: None noted.

Code Enforcement: There are no current cases of code violations at this time in relation to the liquor license.

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

The City Council has the option of recommending approval, denial or no recommendation to the Arizona Department of Liquor Licenses and Control.

Staff Recommendation

The City of Scottsdale staff has conducted a review and advises that the license request meets the criteria imposed for determining the capability, qualifications and reliability of the applicant.

Next Steps

The City Council's recommendation of approval, denial or no recommendation will be forwarded to the Department of Liquor Licenses and Control for their consideration.

RESPONSIBLE DEPARTMENT(S)

Planning, Neighborhood and Transportation Division Public Safety Division Economic Vitality Division

STAFF CONTACTS (S)

Teri Gleason, Planning Assistant, tgleason@scottsdaleaz.gov Planning, Neighborhood and Transportation Division

James Wasson, Lieutenant, Special Assignment, jwasson@scottsdaleaz.gov **Public Safety Division**

Raun Keagy, Planning, Neighborhood and Transportation Director, rkeagy@scottsdaleaz.gov Planning, Neighborhood and Transportation

APPROVED BY

Tim Curtis, AICP, Current Planning Director 312-4210 tcurtis@scottsdaleaz.gov

12/5/203

Randy Grant, PNT Administrator 312-2664, rgrant@scottsdaleaz.gov



ATTACHMENTS

#1: Vicinity Map

#2: Aerial Map

#3: State Application



112-LL-2013

Oregano's Restaurant

ATTACHMENT #1



ATTACHMENT #2

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor Phoenix AZ 85007-2934 www az liquer gov

\$\(\frac{1}{3}\)\(\fr											
<u>Al</u>	APPLICATION FOR AGENT CHANGE ACQUISITION OF CONTROL - RESTRUCTURE										
Check											
Appropriate Box	Complete	gent Cha Sections 1, ote 1 on bac	2,3,4,6	Acquisiti	on of C	hạng	ing Agent) 6	Complete Sec	estructu tions 1,2,(3, lote 2 on ba	4 if changing	7 Agent) ,5,6
SECTION 1	(CON	APLETE TI	HIS SECTIO	ON FOR AGENT C	HĂŅĢE,	ÀČĞ	ÚISITION C	OF CONTROL (OR REST	RUCTURE) <u>R</u>
1. Name (INI	DIVIDUAL (Russ		NG AGENT (if no agent change) Mark	OR NEW	GEN	T OR CORP	ORATE OFFICE			LLING MEMBER) hed list 🚾
	Last			First				Middle			icense #
2. X Corporation L.L.C. N/A: Oregano's Restaurants, Inc. B1014675Corp. File #: 0867527-0 (Exactly as it appears on Articles of Inc. or Articles of Org.)											
3. Business	Name: (Oregano's	Pizza Bistro								
4. Business	Address:	see attac	ched list		(Exactly as	s it ap	pears on lice	nse)			
, Dusiness	(1	Do not use F	P.O. Box Num	nber)		City		col	YTAL	Zip	
5. Is the bus	iness loc	ated withi	in the inco	porated limits of	the abov	re cit	ty or town?	NaYes □N	lo		
6. Mailing Ad	dress:	5141 N. 4	Oth Street S	Ste 300		Pł	noenix		AZ		85018
.							City		State		Zip
7. Business	Phone:	(480	829-0898			Ŗes	idence Pho	ORENCO2)	762	-230	0
 8. Does this transaction involve the sale of any portion of the corporate stock? YYES NO N/A If yes, submit a certified copy of minutes. 9. Has there been any change of officers? XYES NO N/A If yes, submit a certified copy of minutes. 											
SECTION 2	(COMF	LETE TH	S SECTION	N FOR AGENT CH	IANGE, A	CQL	ISITION OF	CONTROL O	R RESTRU	JCTURE)	
Each person listed in Section II must submit a personal questionnaire (Form LIC0101) and a Department approved fingerprint card which may be obtained at the Dept. A person appearing in both lists need only submit one questionnaire and fingerprint card.											
1. List individ	dual own	er or parti	ners or all	directors, officers	s in corp.	, me	mbers in L	LC:			
Last		First		Middle	Title		Τ-	nce Address	•		tate Zip
Russell		Mark		Steven	Presider	ולו/ני	3140 E. Cla	aremont Ave, f	Phoenix, A	Z 85016	
Sbordone Jr.		Frank		Benjamin	VP/Secre	etan	12090 N. 1	1 20th Street, Se	cottsdale,	AZ 85259	
				-	1.10						
								 -			
				/ATTACH ADDI	DOMAL CL		(C) IE NEGE	CARVA	 		
(ATTACH ADDITIONAL SHEET(S) IF NECESSARY) 2. List stockholders or controlling members owning 10% or more of Corp/LLC:											
Lest	ioldera c	First	ng membe	Middle	% Owned			nce Address		City S	tate Zip
Oregano's Pi	zza Bistro				100.0%			treet Ste 300, I	Phoenix. A	-	
, -											

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)
Disabled individuals requiring special accommodations please call the Department

Date Received 11.5.13

ATTACHMENT #3

SECTION 3 (COMPLETE THIS SECTION FOR AGENT	CHANGE)					
1. If the corporation/L.L.C. is owned by another entity, ATTA DISCLOSURE for the parent entity. Attach additional s						
As an Agent, will you be physically present and operating the	e licensed premises? YES	NO				
If you answered YES, you must provide proof of attenda						
within the last five years <u>before your application for Age</u> training must be submitted.	ent can be submitted. f "no" a n	nanager with approved				
SECTION 4 (COMPLETE THIS SECTION FOR AGEN	T CHANGE)					
To be completed by the INDIVIDUAL OR EXISTING AGENT OR		CONTROLLING MEMBER:				
License Number:	Date of last renewal:					
Current Licensee or Agent:						
(Exactly as it appears on license) Last	First	Middle				
I,	, hereby consent to the agent app	ointment named herein and				
(Print full name) agree to immediately assign a new agent in the event of the dea	th resignation or discharge of this	secont I also understand that if				
the background report shows that I, the corporation, or any office felony in the past five (5) years, I will immediately surrender the and hereby waive all rights to appeal such action.	er, director, member, or stockholde	er have been convicted of a				
State						
X(Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER)	The foregoing instrument was a	acknowledged before me this				
(Signature of INDIVIDUAL) CORPORATE/CEOB OFFICERMIEMBER)	day of					
	Day Month	Year				
My commission expires on:						
	(Signature of NOTARY PUBLIC)					
Is there more than one licensed premises involved? YES Desired for each license/location.		- - - -				
Type of current ownership:	Type of new ownership:	2				
☐ J.T.W.R.O.S.	☐ J.T.W.R.O.S.	7 5				
☐ INDIVIDU AL	INDIVIDUAL	□.				
PARTNERSHIP	PARTNERSHIP	-3				
☐ CORPORATION ☐ LIMITED LIABILITY CO.	☐ CORPORATION☐ LIMITED LIABILITY CO.	Lic. 1991.2				
TRUST	☐ TRUST					
OTHER Explain	OTHER Explain	<u> </u>				
SECTION 6 (COMPLETE THIS SECTION FOR AGENT CHAN To be completed by INDIVIDUAL OR EXISTING AGENT (If no agent change) MEMBER as listed in Question 1 Section 1:						
I. Mark Steven Russell , he	reby declare that I am the APPLIC	ANT filing this application.				
(Print full name)	•	3 - 11				
have read the application and the contents and all statements	•	Maricopa				
\	of County of					
Signaturs of INCLUDION OR AGENT)	The foregoing instrument was a	acknowledged before me this 2013				
NOTARY PUBLIC - ARIZONA	Day day of October Month	Year				
My Commission Expires 04/29/2014	Dellar	,				

NOTE 1: The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H)

NOTE 2: The \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)